VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6/23/2005 2:28:30 PM

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH Certificate No. 156-05-028155

1. DECEDENT'S LEGAL NAME VALERIE (First Name) DENISE (Middle Name) YOUNG (Last Name)

Place Of Death: 2a. New York City; 2b. Borough: Brooklyn

2c. Type of Place: 1 ☐ Hospital Inpatient; 2 ☒ Emergency Dept./Outpatient; 3 ☐ Dead on Arrival; 4 ☐ Nursing Home/Long Term Care Facility; 5 ☐ Hospice Facility; 6 ☐ Decedent's Residence; 7 ☐ Other Specify

2d. Name of hospital or other facility (if not facility, street address): Brookdale Hospital

Date and Time of Death or Found Dead: 3a. (Month) June (Day) 19 (Year-yyyy) 2005; 3b. Time 9:32 ☐ AM ☒ PM; 4. Sex Female; 5. OCME Case No. K-05-031154

MEDICAL CERTIFICATE OF DEATH (To be filled in by the OCME)

6. CAUSE OF DEATH

PART I
a. Immediate cause: Pulmonary embolism
b. Due to or as a consequence of: Deep veins thrombosis of lower extremities
c. Due to or as a consequence of: inactivity due to seizure disorder of undetermined etiology

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information.

Approx. Interval Onset to Death

7a. Injury Date (mm dd yyyy); 7b. Time ☐ AM ☐ PM; 7c. At Work 1 ☐ Yes 2 ☐ No; 7d. Place of Injury - At home, factory, street etc.; 7e. Location

7f. How Injury Occurred

7g. If Transportation Injury Specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other Specify

8. Manner of Death: ☐ Pending further study ☒ Natural ☐ Homicide ☐ Accident ☐ Suicide ☐ Undetermined

9. Autopsy: ☒ Yes ☐ No Autopsy Pursuant to Law ☐ No Autopsy

10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated.
Certifier Signature: Frede Frederic Date: June 20th, 2005
Certifier Name (Print): Frede Frederic
Medical Examiner

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by OCME)

11a. Usual Residence State: N.Y.; 11b. County: KINGS; 11c. City or Town: BROOKLYN; 11d. Street and Number: 259 E.49STREET; Apt. No; ZIP Code: 11203; 11e. Inside City Limits? 1 ☒ Yes 2 ☐ No

12. Date of Birth (Month) (Day) (Year-yyyy): AUGUST 6, 1955; 13. Age at last birthday (years): 49; Under 1 Year Months 2 / Days 3; Under 1 Day Hours 4 / Minutes 5; 14. Social Security No.: 075-54-8252

15a. Usual Occupation (Type of work done during most of working life. Do not use "retired"): DISABLED; 15b. Kind of business or industry; 16. Aliases or AKAs

17. Birthplace (City & State or Foreign Country): BROOKLYN, NY.

18. Education (Check the box that best describes the highest degree or level of school completed at the time of death):
1 ☐ 8th grade or less; none; 2 ☐ 9th-12th grade; no diploma; 3 ☒ High school graduate or GED; 4 ☐ Some college credit, but no degree; 5 ☐ Associate degree (e.g., AA, AS); 6 ☐ Bachelor's degree (e.g., BA, AB, BS); 7 ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA); 8 ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

19. Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No

20. Marital Status at Time of Death: 1 ☐ Married; 2 ☐ Divorced; 3 ☐ Married, but separated; 4 ☒ Never married; 5 ☐ Widowed; 6 ☐ Unknown

21. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)

22. Father's Name (First, Middle, Last): SIDNEY A. YOUNG

23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last): VIOLA McCOWAN

24a. Informant's Name: VIOLA YOUNG; 24b. Relationship to Decedent: MOTHER; 24c. Address (Street and Number; Apt. No; City & State; ZIP Code): 259 E.49STREET BROOKLYN, NY. 11203

25a. Method of Disposition: 1 ☒ Burial; 2 ☐ Cremation; 3 ☐ Entombment; 4 ☐ City Cemetery; 5 ☐ Other Specify

25b. Place of Disposition (Name of cemetery, crematory, other place): PINELAWN MEMORIAL PARK

25c. Location of Disposition (City & State or Foreign Country): FARMINGDALE, NY.

25d. Date of Disposition (mm dd yyyy): 06/25/2005

26a. Funeral Establishment: HOUSE OF HILLS INC.

26b. Address (Street and Number; City & State; ZIP Code): 1000 ST.JOHNS PL. BROOKLYN, NY. 11213

VR 16 (Rev. 01/03)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz, Ph.D., City Registrar

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